Reviewer's report

Title: Treatment of generalized anxiety disorder among older patients in Germany

Version: 1 Date: 13 March 2009

Reviewer: Michelle Howard

Reviewer's report:

This paper is well written and provides a good summary of previous literature and rationale for the question. There are a few revisions to help clarify some of the methods and to expand on interpretation.

Major Compulsory revisions

Methods:
1. Some of the date information is somewhat confusing. The database encompassed 2002 to 2005, but the authors used data from one year only (2003-2004). If longitudinal data were available to examine prescribing trends, why was this information not used?

2. Please describe how the diagnosis is linked to the prescription- is it mandatory on prescriptions for physicians in Germany to indicate diagnosis?

3. If the prescription date for study eligible medication preceded the first occurrence of an office visit for GAD, would this patient be included in the study? Given that some of the medications were anti-depressants, how could the authors ensure the prescription was for GAD? If they could not be sure, how would this possibly impact the results, given the high prevalence of co-morbid depression?

4. What does “medically attended” comorbidities mean?

Results:
5. The methods state a stratified analysis based on number of comorbidities was done, however this analysis is not presented in the results.

Minor Essential Revisions

Results:
1. Tables 1 and 2 are not presented in the manuscript or in the attached appendices.

Discussion:
2. There should be more discussion of the clinical implications of the results in
light of the high prevalence of comorbid depression and several other highly prevalent conditions. For example, patients with GAD may represent a group of older patients who are clinically complex with many medication challenges.

3. The first sentence of the discussion could be removed- all of this information has been presented in the background.

4. The third paragraph of discussion re-states results but does not add any interpretation or comparison with previous literature.

Conclusions:

5. Conclusions could be more specific. There may be specific sub-groups of elderly in whom the benefits outweigh the risks, and these groups have yet to be determined. There is a need to understand the underlying cause of GAD in the elderly (and it may be related to multiple physical comorbidities and depression) that could relate to isolation due to illness, inability to exercise etc. There may be a focus of physicians on treating the complex physical illnesses, and other non-pharmacologic treatment modalities for mental health in this population are needed.

References:

6. There is a newly published commentary in BMC Geriatrics the authors should consider for discussion points.

Inappropriate prescribing and adverse drug events in older people
Hilary J Hamilton, Paul F Gallagher and Denis O'Mahony

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.